IDAHO COUNCIL ON CHILDREN'S MENTAL HEALTH

Recommendation #35A By March 1, 2002, the ICCMH will develop minimum standards and best practice protocols for transitioning youth.

SUBMITTED TO ICCMH: April 16, 2002 APPROVAL DATE: May 21, 2002

DECISION: The ICCMH approved the Minimum Standards for Transitioning Youth from Local Councils. These standards will be used by the local councils as they develop their transition protocols.

MINIMUM STANDARDS FOR TRANSITIONING YOUTH FROM LOCAL COUNCILS

Transition planning for youth that approach the age of majority continues to be a major concern when attempting to implement systems of care at the local or community level. Instrumental to the ongoing success of the child, as they become adults, is it to ensure early planning for transition that addresses the continued need of services. Transition planning for children served through the local councils consists of two separate and distinct issues. First is the transition of children that 'age-out' of the local council services. Second is the transition of children out of local council services that have completed or are leaving due to reasons other than aging out. The minimum standards for transitioning youth covered in this document are related to the first group or the youth 'aging-out' of local council services.

As children that are served by local councils age out, many will require continued treatment into their adult life. According to the 1999 Needs Assessment of Idaho's Children with SED and Their Families, approximately 2% of youth served by the children's mental health authority will qualify for services within the adult mental health authority. It must be noted that the age in which a youth requires transition services may differ from agency to agency, however, the local councils do not have age requirements restricting their involvement with the youth (or young adults) that they serve. Many of the agencies that serve the youth in the local councils do transition planning in through the requirements of their own agencies standards. For the purposes of these minimum standards, it is not intended that those requirements will be modified. However, those standards should be incorporated into the transition planning for the local councils. For example, if a 16-year-old youth is on an IEP through education and is receiving services from DHW (both of which require transition planning), those plans should be coordinated and reflect support of one another.

Transition plans **shall** be developed for every child that is 14-years-old or older. A transition plan **shall** be in place for every youth prior to their 15th birthday. For those children that come into the local councils that are older that 15 years, a transition plan **shall** be completed as part of the treatment planning process. The child, the child's family, local council participants and any service providers that are involved with the child, **shall** be included in the development of the transition plan.

A transition plan shall consist of the following elements:

- ➤ A brief review of the youth's treatment history
- > Current status
- > Progress in treatment
- ➤ A discussion of any projected needs for continued services
- > Information provided around service availability and financing
- > The role of the family, youth and other individuals identified by the child or family as necessary to the transition
- > Identification of necessary steps to independence
- > Developed with clear and measurable objectives, timelines and the responsible individual for each action step
- > Should address not only treatment goals for continuation of services, but the necessary social, fiscal, housing and health related needs of the child as he/she become an adult
- > Strengths and goals of the youth

Once a child reaches the age of majority, the child may or may not choose to follow through with the plan. The age of majority is generally 18 years, not withstanding any legal findings that delay or prevent an 18-year-old from making decisions independent of others. Therefore, it is important to recognize the need to have the youth's participation and for the child to consider it their plan.